

Committee on Ways and Means
Witness Disclosure Requirement – “Truth in Testimony”
Required by House Rule XI, Clause 2(g)

Your Name: James Smith		
<p>1. Are you testifying on behalf of a Federal, State, or Local Government entity?</p> <p style="margin-left: 20px;">a. Name of entity(ies). The Vermont Agency of Human Services, Division of Vocational Rehabilitation</p> <p style="margin-left: 20px;">b. Briefly describe the capacity in which you represent this entity. I am the Budget and Policy Manager and the deputy to the Division Director.</p>	<p>Yes <input checked="" type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>2. Are you testifying on behalf of any non-governmental entity(ies)?</p> <p style="margin-left: 20px;">a. Name of entity(ies).</p> <p style="margin-left: 20px;">b. Briefly describe the capacity in which you represent this entity.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>
<p>3. Please list any Federal grants or contracts (including subgrants or subcontracts) which <u>you have received</u> during the current fiscal year or either of the two previous fiscal years:</p> <p>Department of Education, Rehabilitation Services Administration, Title I Basic Vocational Rehabilitation Grant</p> <p>Department of Education, Rehabilitation Services Administration Title VI-B Supported Employment Grant</p> <p>Department of Education, Rehabilitation Services Administration, Independent Living Grant</p> <p>Department of Education, Rehabilitation Services Administration, Training Grant</p> <p>Department of Labor, Employment and Training Administration, Employment Focused Neuro-Resource Facilitation for Veterans with Traumatic Brain Injury</p> <p>Social Security Administration, Work Incentives Planning and Assistance</p> <p>Department of Health and Human Services, Medicaid Infrastructure Grant</p> <p>Social Security Administration Benefit Offset National Demonstration, Subcontract through ABT Associates and the University of Massachusetts.</p> <p>Social Security Administration, Benefit Offset Pilot</p>		
<p>4. Please list any offices or elected positions you hold.</p> <p>None</p>		
<p>5. Does the entity(ies) you represent, other than yourself, have parent organizations, subsidiaries, or partnerships you are not representing?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>